

KANSAS DEPARTMENT OF CORRECTIONS  
PRISONER REVIEW BOARD  
714 SW JACKSON, SUITE 300  
TOPEKA, KANSAS 66603  
785-296-4524

**NOTICE OF CLEMENCY APPLICATION  
SENTENCING FORM**

Name & Number: \_\_\_\_\_

Pursuant to K.S.A. 22-3701, this will serve notice that the above-named person has made application for Executive Clemency. The application will be reviewed in the near future by the Prisoner Review Board, as provided by statute, and the Prisoner Review Board will submit its report to the Governor for consideration and decision. **The sentence record in this case is as follows:**

Date	County	Case No.	Sentence	Run	Offense
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Release Date: \_\_\_\_\_

Release Date without Parole: \_\_\_\_\_

Reasons for seeking Clemency: If inmate prefers not to disclose reason to institution officials, place written information in a sealed envelope and give to facility clemency clerk. This will be sent to the designated officials for comments.

Your comments and recommendations are solicited by the Prisoner Review Board as significant factors in examining this application. They may be made in the space below or by separate letter, and should be forwarded directly to the **Prisoner Review Board**. Your response will then be incorporated in the Prisoner Review Board's report submitted to the Governor. Please send your reply within the next 10 days to:

KANSAS DEPARTMENT OF CORRECTIONS  
PRISONER REVIEW BOARD  
714 SW JACKSON, SUITE 300  
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This notice prepared by: \_\_\_\_\_  
Name and Title (print or type): \_\_\_\_\_  
Address (or facility name): \_\_\_\_\_  
Signature: \_\_\_\_\_

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**REPLY:**

☐ Favor Clemency   ☐ No Objection   ☐ Against Clemency   ☐ No Recommendation

Comments:

<input type="checkbox"/> Judge	Name & Title (Print or Type) _____
<input type="checkbox"/> District Attorney	Signature _____
<input type="checkbox"/> Police Chief	Address _____
<input type="checkbox"/> Sheriff	